

EMPLOYER: You must complete this form if anyone will be acting on your behalf.

State of Montana
Department of Labor & Industry
Unemployment Insurance Contributions Bureau
PO Box 6339, Helena, MT 59604-6339
Telephone (406) 444-3834

Authorization Form

Employer Account Number _____ **Federal ID Number** _____

Owner/Officer/Partner Name _____

Doing Business As _____

Address _____

Telephone Number (____) _____ **Fax** (____) _____

The following agent is authorized to provide and receive information and to perform any and all acts that I can perform as the employer/taxpayer with respect to Montana unemployment insurance (UI) tax matters. In order to access employer account information online, the FEIN of the authorized agent is required.

Begin Authority As Of: _____ **End Authority As Of:** _____

Authorized Agent _____ **Federal ID Number** _____

Address _____

Telephone Number (____) _____ **Fax** (____) _____

Email Address _____

This completed form Authorizes the Above Agent To:

Check all that apply:

- ☐ Receive quarterly UI Tax reports, rate notices, monthly account statements, and other UI Tax related correspondence.
- ☐ Sign and file quarterly UI Tax forms by mail or electronic filing.
- ☐ Provide, receive, and discuss UI Tax information, including but not limited to: experience rates, adjustments to your employer account, delinquent notices, reimbursement in lieu of contributions.
- ☐ Receive and discuss UI Benefit Charge Notices and other charging information as it relates to your UI Tax rate.
- ☐ Be granted access to the UI eServices for Employers (UleServices.mt.gov).
- Level of access: ☐View Only ☐File Only ☐Pay Only ☐File & Pay ☐Full Access

Signature of Employer/Taxpayer

I hereby certify the Montana Department of Labor & Industry, Unemployment Insurance Contributions Bureau is authorized to release to the above named authorized agent forms, correspondence or information with respect to unemployment insurance tax matters. I relieve the Department and their representatives of any liability related to release of such information to the above named authorized agent. I understand this authorization does not absolve me, as the employer/taxpayer, of the responsibility to ensure all tax returns are filed and all taxes paid on time. Any authorization granted remains in effect until the date indicated above or revoked in writing by the taxpayer or reporting agent.

The person signing must have actual legal authority to bind the business. Persons may include officer of a corporation, partner, managing member, owner, Chief Financial Officer, Chief Executive Officer, or a fiduciary of a trust or estate.

I certify I have the authority to execute this form and authorize disclosure of otherwise confidential information on behalf of the employer.

Printed Name _____ **Title** _____

Signature _____ **Date** _____

Witness Printed Name _____ **Signature** _____ **Date** _____